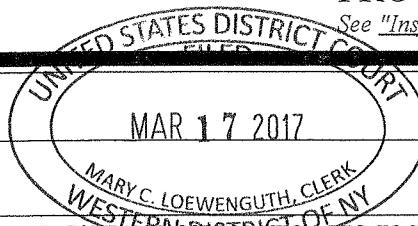


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
United States of AmericaDEFENDANT
Patricia Scanlan, et alCOURT CASE NUMBER
15-CV-1027V

#15-CV-1027

SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION PROPERTY TO SEIZE OR CONDEMN

AT County of Cattaraugus- City of Salamanca

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

847 Front Ave., Salamanca, NY 14779

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Forsyth, Howe, O'Dwyer, Kalb & Murphy, P.C.
Attn: Jennifer Clark
One S. Clinton Ave., Suite 1000
Rochester, NY 14640

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN PEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Please conduct the foreclosure sale schedule for February 23, 2017 at 11:00 am.

Signature of Attorney other Originator requesting service on behalf of:

 PLAINTIFF

TELEPHONE NUMBER

DATE

585-325-7515

1/9/17

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	55	No. 55	Mel, ADA	01-10-2017

I hereby certify and return that I have personally served have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to serve the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date	Time
2/6/17	10:37
<input checked="" type="checkbox"/> am	
<input type="checkbox"/> pm	

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charged including endeavor	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
\$0.00					

REMARKS:

Sale Cancelled - Open Five claim not yet resolved
2/6/17 JMF

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED